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AN ADDRESS

DELIVERED BEFORE THE

MEDICAL SOCIETY OF THE STATE OF  
PENNSYLVANIA,

BY

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ANDREW NEBINGER, M.D.,  
PRESIDENT OF THE SOCIETY,

At its Annual Meeting held at Altoona, May, 1880.

REPRINTED FROM ITS TRANSACTIONS.



PHILADELPHIA:  
COLLINS, PRINTER, 705 JAYNE STREET.  
1880.



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THE thirty-first anniversary of the Society has brought us together for friendly greetings; to note the changes of the past; to take advance steps, that the future may be an improvement upon the past; to call the roll, note those present, and with saddened hearts make honorable mention of those who, having finished up their work,

"sustained and soothed  
By an unfaltering trust, approached the grave,  
Like one that draws the drapery of his couch  
About him, and lies down to pleasant dreams."

A year has passed since last we met. In that brief period, of what changes have taken place I may not be chronicler. Yet changes have been realized, some good and pleasant, some fruitful with the blessings of peace, plenty, and happiness. The young have grown older and wiser, and we may hope better; the useful more useful; the charitable more charitable as their stores of riches have increased; but the old have grown older, and those who but a few years ago were noted for activity and great usefulness, are yielding to the weight of years, and feel that they are being disqualified to be active laborers in season and out of season, in their great and extended field of usefulness. With them the past is vastly lengthened out, and the future is growing shorter and shorter, so that when taking a retrospective view of the past, they can but dimly scan its beginning, and in looking forward, the end of their work and of time, and to the commencement of eternity, it appears to be so near and rapidly approaching, that they fain would make ready for their departure to "that undiscovered country from whose bourn no traveller returns."

A home view presents now to us, all that which goes to make up the happiness of peoples, states, and nations. Peace spreads her

white wings over us, the earth yields its abundance to intelligent skilled industry. After a decade of years, of almost death-like stillness, the hum and whir, the music of the great human hives of industry are again greeting our ears. Those who too long suffered from enforced idleness, no longer complain of want of employment. The avenues of trade are quick with the jostling stir of business; capital is being profitably and we hope wisely employed. Labor is being more engaged and better compensated. Want is the exception, plenty the rule. Fraud, speculation, embezzlement, and jobbery, national, state, and municipal, have become, and are becoming less prevalent, less fashionable. Snobbery, extravagance, and shoddyism, are fast being numbered among the things to be forgotten. Honesty, fair dealing, prudence, and a more general healthful condition of state and of society are beginning to assume their legitimate rule, and thus while the millennium of Revelation is not near at hand, social and governmental chaos are not now threatened. The sun of prosperity, and the atmosphere of good fellowship, are, from the shores of the Atlantic to those of the Pacific, from the Gulf of Mexico to Alaska, warming, animating all the people of this our God-favored land. That we may the better and the more fully realize the goodness and grandeur embodied in this statement, let us call before us, for contemplation, the woe, want, and wretchedness of a people to whom many of us are allied by ties of consanguinity. Woe, want, and wretchedness, the natural outgrowths of misrule, cruel, unjust, oppressive, and partial legislation, are the bitter fruits of which these people are now the partakers. Numbers of them, exceeding a million, are at this hour, and have been for months, suffering the dreadful agonies of hunger unappeased. Famine and disease are their every-day afflictions. Premature death riots among them. Thus placing in contrast the sad condition of these misruled people, with the almost gushing prosperity of our own people (largely the result of our "home rule"), we may learn the better to cherish, and the more adequately to measure, the benignity of the government which we proudly call our own. O Erin, down-trodden and oppressed Erin! I love and cherish you because of your statesmen, your scholars, your martyrs, your poets, your sons, the soldiers who fought and died upon our revolutionary battle-fields, and upon the battle-fields of the war of our second revolution, as upon those battle-fields, where their blood was poured out and their lives were offered up, holy sacrifices for that Union which has been strengthened by the resistance made to it, and the vain but extraordinary efforts made for its destruction. O Erin, Green Isle of the Ocean! I love



and almost adore you, not alone because of your long list of great names and your brave sons, but because of her from whose loins I sprang.

I have said that we have met to note the changes of the past ; to take advance steps, that the future may be an improvement upon the past. In keeping with this declaration, let us counsel together upon that somewhat trite, but nevertheless important subject, medical education, or the preparation required for the reception of the doctorate of medicine. What is the condition of medical education or teaching not only in our State, but all over our land? Are the medical colleges now graduating young men *well* qualified for the discharge of the highly responsible duties of the profession of medicine? Are the present courses of studies of the many medical colleges uniform, and such as to secure to their graduates the didactic and clinical knowledge which is necessary to qualify them to enter upon the discharge of their professional duties, with due regard to the dignity of the profession and full appreciation and observance of the rights, the reasonable demands, and safety of those who may pass into their care? These are grave and solemn questions, and are within the range of intelligent answers. Year by year, the cry has gone up from the profession from all parts of the land, that reform in the *modus operandi* of producing graduates of medicine should be made. There have been many earnest, intelligent, and able laborers engaged in the work of medical reform, as regards the extent and quality of the teaching of our medical colleges, their requirements for matriculation and graduation, and the unification of the studies. Since 1847, scarcely a meeting of the American Medical Association has been held that there have not been valuable reports from committees, or papers of great interest of individual members of the Association upon the subject of medical education read, directed to be embalmed in the volumes of the Transactions of the Association; followed occasionally by slightly spasmodic action on the part of a few of the medical schools, in response to the recommendations of the committees and individual members, and the ponderous resolves of the great Association itself. Yet up to the present time it may be safely said, that with the exception of a few noteworthy instances, there has not been made any really positive "advance along the line," in the matter of the quality and quantity of medical teaching, and the requirements for matriculation and graduation of the medical colleges; so that the graduates of to-day are not turned out from the schools better qualified, if indeed as well qualified to practise their profession, and to worthily wear the

degree of doctorate, than were the graduates of thirty years ago. This should not be. It is a wrong, yea, a great wrong to the profession of medicine, and if possible a greater wrong to the people.

The time was, when all that was known of that which was useful in medicine, in all its grand departments, could be taught didactically in two annual courses of four months each, to students who had received a good preliminary education, and had read medicine for one year previously to attending the lectures, with a painstaking, conscientious, intelligent preceptor. In the roll of thirty years, medicine in all its grand departments and in its many divisions and specialties has taken upon itself a growth, and has attained a size and extent which, when compared with medicine of fifty years ago, is as the man compared with the boy, the river with the rivulet. Have the improvements in the teaching of medicine, have the requirements of the medical colleges, kept pace with the grand march, the growth and grandeur of the art, or, if you like it better, the science of medicine? Are the students of to-day, as a rule, required by the colleges to be better prepared by a preliminary education, before matriculation, than they were thirty years ago? Is it, as a rule, demanded that students shall be longer engaged in the study of medicine, preparatory to presenting themselves for examination for the doctorate, than was the case thirty years ago? Are candidates, as a rule, required to pass a successful examination, by a greater number of professors, than was the case a quarter of a century ago? In short, have the medical schools' requirements for matriculation and graduation kept pace with the sum and quality of medicine? You are able to answer these questions without any assistance from me. Yet, by your kind indulgence, I will place before you some information which I have recently collected, which may not be without service in aiding you in the formation of your responses. I have collected the announcements for 1879-80, of nineteen medical colleges of the United States. Upon careful examination of these announcements, I find that they all *require* but three years' study of medicine, as far as the *time* is concerned, to enable the student to present himself for examination, for the degree of M.D., or as it is clearly set forth in "the Articles of Confederation of the American College Association," to wit:—

#### ARTICLE III. REQUIREMENTS FOR GRADUATION.

2. He must file a satisfactory certificate of having studied medicine for at least three years under a *regular* graduate, or licentiate and practitioner of medicine. No candidate shall be eligible for final examination for graduation, unless his term of three years'



study shall have been completed, or shall expire at a date not later than three months after the close of the final examinations; this clause to take effect at and after the session of 1879-80.

From that which I have just read to you, it is clear, that by the "American Medical College Association," which, as you know, is an association of professors of medical colleges, three years' study of medicine is the extreme requirement, as regards the time from when the student commences reading medicine with a preceptor, until the time when the doctorate may be conferred upon him; with this exception, *that the term may be only two years and nine months* in some instances, as clause 2 of Article II. clearly sets forth that the student may graduate, if his term of study "shall expire at a date not later than three months after the close of his final examinations." *Thus making it clear that the student may have the doctorate conferred upon him at the expiration of two years and nine months after the commencement of his pupilage.* Is this, we ask, any improvement as regards the time required to be devoted to the study of medicine anterior to graduation, to that which was required thirty years ago? By the same "Articles of Confederation," of "The Medical College Association," which we here present to you, but "two regular" courses of lectures are required to be attended to qualify a candidate to present himself for examination for graduation. Sections 3 and 4 of Article III. read as follows:—

3. He must file the proper official evidence that, during the above-mentioned three years, he has matriculated at some affiliated college or colleges, for two regular sessions, and in the course of the same (except as provided in 4) has attended two full courses of instruction on the seven topics mentioned in Article II.

4. In case a college shall adopt a systematic graduated scheme of tuition, attendance on the whole of the same shall be equivalent to the requirements mentioned in 3, *provided* such scheme includes instruction in the *seven* topics mentioned in Article II., and requires attendance at at least two yearly collegiate sessions of not less than twenty weeks' duration each.

The seven branches of medicine mentioned in Article II. are, Anatomy, including Dissections, Physiology, Chemistry, Materia Medica and Therapeutics, Obstetrics, Surgery, Pathology and Practice of Medicine. Thus it will be seen that the demand, as far as the attendance upon lectures is required, is not any improvement upon the requirement of thirty years ago. True, the student may (that is, it is optional with him) attend three courses of "regular lectures," and at the close of each course he may go forward for

examination upon certain branches, and passing a successful examination upon them, he will not be required to undergo a further examination upon these branches. Whether this is an improvement upon the old condition of things, or is merely a change, is for time and experience to determine. As regards the attendance upon *three* "regular courses of lectures," before presenting for examination, and this being optional with the student, and there not being any lecture fees charged for the third course, there is nothing new, and as far as I know it dates back to the days of Rush, Physick, James, Shippen, and Wistar, and therefore cannot claim any merit upon the score of newness or reform. The Articles of Confederation already referred to, and quoted, require that the course shall embrace twenty weeks. As far as the addition of about three weeks is concerned it is an improvement, and may be said to be a move in the right direction, and as such, is entitled to our profound thanks, and deserves our unqualified acknowledgment. Yet it is within our recollection, that two medical colleges of this country gave six months' or twenty-six weeks' regular courses, commencing in October and ending in April.

At one of these colleges, in the city of Philadelphia, I had the honor of having conferred upon me the degree of the Doctorate, April 6, 1850. Not being seconded in their work of reform by other medical colleges, indeed, it may be said, because of the opposition of these colleges, indirectly, yet very positively expressed, in their shorter courses, the tide of students which had in previous years set in towards their class-rooms, was to so large an extent diverted from them, because of the selfishness of other schools and the stimulant of pecuniary gains, resulting from increased numbers of matriculates, the two colleges referred to were, for their self-preservation, after, I think, about three years' perseverance in the lengthened courses, compelled to drop down in the matter of the length of the term to the level of the other colleges.

I have said that I have collected the Announcements of nineteen medical colleges of this country. While in nearly every one of these Announcements there is expressed and endorsed the necessity for a preliminary examination, by which the educational capacity and mental power of the applicant for matriculation may be tested, to enter upon the study of medicine, yet it may appear as strange to you as it does to me, that of these nineteen colleges but four require the candidates for matriculation to submit to so important an examination, through and by which alone can the medical colleges have their benches occupied by those who can fully comprehend and readily digest the teachings of the professors of the various depart-



ments of those institutions. This is a very important branch of our subject, important alike to students, professors, communities, and persons. In the fulness of its importance, it demands that this body should not only calmly discuss it, but that it should give its best efforts to the adoption and enforcement of the requirement, as a proper means by which to determine the fitness of all who may present themselves, as postulants, for admission as pupils to our temples of medical education. This is the broad, deep, and strong foundation, upon which only can be built the grand superstructure which, by common consent, we may call true medical education. Who of us does not regard our system of medical education faulty, that the preliminary education of students in many instances is positively insufficient, that the "regular lecture courses" are defective, both in time and number, and that the requirements for graduation are not sufficient? Fearing that it may be said that these declarations are too sweeping, too radical, or, if you will, unfair, alike to students, graduates, and colleges, I will submit to you, for consideration, facts which have not been without their due influence upon myself.

In the Report of the Surgeon-General U. S. A. for 1879, page 18, I find the following facts: "There appeared before the Army Medical Examining Board 92 candidates, for examination for appointment to the medical corps of the U. S. Army. Of the 92 candidates there were found qualified but 13, the others were either rejected or withdrew after a partial examination." Thus it will be seen, that only 14 per cent., or *one out of every seven* of the 92 candidates, were found qualified to enter the U. S. Army as *assistant surgeons*. That it may not be thought that the candidates were submitted to an examination upon subjects not embraced in the curricula of the colleges, I here present to you the subjects of examination, etc., as set forth in the circular of the Secretary of War, October 31, 1876, which are now as they were at the date of the circular.

"The following will be the general plan of the examination:—

I. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

III. Oral examination on subjects of preliminary education, general literature, and general science. The candidate must satisfy the Board in this examination that he possesses a thorough knowledge of the branches taught in the primary schools, and a failure to show this will end his examination.

Oral examination on scientific subjects will include Chemistry and Natural Philosophy; and that on literary subjects will include



English Literature, History of the United States, and General History—ancient and modern.

IV. Written examination on anatomy, physiology, surgery, practice of medicine and general pathology, obstetrics, and diseases of women and children. Oral examination on these subjects, and also on medical jurisprudence, materia medica, therapeutics, pharmacy, toxicology, and hygiene. Few candidates pay the attention to hygiene which it deserves; it is made an important subject in this examination.

V. Clinical examination, medical and surgical, at a hospital.

VI. Performance of surgical operations on the cadaver."

Here are facts suggestive of grave thought. As we have seen, 13 only of the 92 candidates for examination were successful! Each of the 92 was possessed of a diploma, bearing the signatures of learned professors, and the seal of the college duly affixed. Diplomas, which set forth in the main that each of their possessors had been examined, that their examination was satisfactory, that they were worthy to be introduced into the profession of medicine, deserving of the degree of M.D., and were competent to enter upon the duties and assume the great responsibilities incident to the practice of medicine, yet when brought to the test trials of the Board of Medical Examiners of the U. S. Army 13 only were declared prepared to enter the U. S. Army as assistant surgeons, and 79 were virtually declared unfit to take upon themselves the discharge of the duties which the medical Alma Mater of each had declared they were qualified to perform. Could a more humiliating, a sadder, commentary be presented upon the work which is being done, or rather not done, by our medical colleges? If the rejected candidates for positions, as assistant surgeons, were not sufficiently qualified to have intrusted to them the health and life interests of the soldiers, rank and file of the U. S. Army, were they qualified to have intrusted to them the same interests of civilians? I can hope that this is not a representative condition of all the graduates of the majority of the medical schools of the country—but who will rashly declare it is not? Be this as it may, there is sufficient in the facts and figures to indicate, that the medical colleges of the country, north, south, east, west, and middle, are not doing for medical education, and hence for the sick and the maimed, in supplying them with as adequately qualified graduates as they can, and, may I not add, as they should.

The advance in the art of medicine, the great increase in the sum of medical knowledge, the vast increase in the number of the instrumentalities for the cure and relief of disease, whether medical, sur

gical, gynecological, ophthalmological, etc. etc., are such that the amount of time which was devoted by our fathers to the learning and teaching of medicine, is now ridiculously inadequate to meet the requirements of to-day. The advance in medicine demands a longer period of pupilage, certainly not less than *four years*,<sup>1</sup> more extended and thorough teaching, and a better quality, or higher preliminary education, before matriculation.

In the matter of reform, of higher or more advanced education by the medical colleges, it may be said that this body is powerless. Such is not my opinion. It is not, I am free to say, powerless in its ability to complain, to point to defects, and to arouse, not only the attention of the profession, to the importance of reform, in the matter of the preliminary education of students—the requirement of *four years' study*, and the attendance upon at *least* three full "regular courses of lectures," before a candidate shall be permitted to submit himself to an examination for graduation. This organization is not powerless. As a representative body, it is full of power to create, give force and impulse to the demand, by the profession, upon the medical colleges and their professors, for large and important improvements in the requirements for matriculation and of graduation. This society is quite able to create a sentiment and a demand *outside* of the profession, *directed* and *controlled, however*, by it, which may be made so pronounced and active that it will not down, until our medical schools, through the power inherent in their teachers and trustees, shall rise to the full dignity and importance of the great work which they have specially in hand. For us to fail to attract attention to the defects which we have named, and to remain passive or indifferent to such improvements as will secure more advanced and fuller teaching, which all observing and reflecting members of the profession know are necessary, is to call down upon ourselves censure, which can only be averted by doing our duty to the profession and the community, by earnestly demanding and working to secure the reforms in medical education which we have indicated. Agitation of reform in medical education by the various State Medical Societies, carried on with the energy and intelligence which those societies can call into action, will be vastly more efficient in securing the reforms, than all other instrumentalities combined. Let us this day commence this agitation, and pledge

<sup>1</sup> Since writing this Address, I have seen it stated in a medical journal that the Medical Department of Harvard College, in its Announcement for 1880-81, "has recommended a four years' course." This college is one of the four referred to as requiring the preliminary examination before matriculation.

the society as a laborer in the great work, and, by our example, influence the State medical organizations all over the land to take part with us, and, by combination and systematic agitation, make ourselves felt where it is most necessary, that the agitation and demand for reform in medical education should be felt by the faculties and trustees of all the medical colleges of the country.

The great teacher, Professor Samuel Jackson, M.D., used to declare to his classes of the University of Pennsylvania, *no credulous man* was adapted to the study of the practice of medicine." While fully agreeing with the learned professor in the declaration quoted, we are of those who think that the antithesis of his declaration is also true, that no *incredulous man* is "adapted to the study of the practice of medicine." The credulous man is so easy of belief, that he accepts, without investigation or questioning, every new hypothesis as a grand revelation, and at once essays to put it into practical operation. The reports in medical journals, too often the transparent efforts of their authors to give to themselves a notoriety and nothing more, by the publication of wonderful cures produced by them by new modes of treatment, or by the use of a new medicine, are to the credulous practitioner important, yea, valuable revelations. He is the outspoken devotee of all medical vagaries of the day. He is the torment of apothecaries by having presented to them to compound, prescriptions for pills, mixtures, suppositories, juleps, etc., having, as one or more of their constituents, medicines, or so-called medicines, not officinal, and whose reputations are often as ephemeral as the life of the flower which blooms in the morning and dies at evening. He is at all times on the lookout for something new, whether it be a cure for a cancer or for a corn. He is in the practice of medicine as fickle, and as full of changes as a weather-vane. He is, as a practitioner, "neither flesh, fish, nor red herring." He is but seldom known to prescribe old, long tried, and abundantly endorsed remedies, and when he rises to the dignity of doing so, he prescribes them in such inert doses, because almost infinitesimal, that you would be justified in the conclusion that he had been educated in a school controlled by the followers of Hahnemann, where the hypothesis is enforced that the little, nay the infinitesimal, has more power than the much, and not educated in a school where power is taught as residing in things tangible, and not in names and shadows.

Dr. Oliver W. Holmes has said: "I have known a practitioner, perhaps more than one, who was as *much* under the influence of the last article in his favorite medical journal as a milliner under the sway of the last fashion plates. The difference," continues



the doctor, "between green and seasoned knowledge is very great, and such practitioners never hold on long enough to any knowledge to have it get seasoned." In illustration of the doctor's remarks, I beg your indulgence while I relate a little of my experience with one of the class of practitioners referred to by Prof. Holmes. About a year ago I met in consultation a practitioner of whose ability as a physician I knew but little. The patient I was invited to see with him was a young lady suffering with inflammatory rheumatism. She had been sick for two weeks, "intensely sick," to quote the doctor. After an examination of the patient the doctor and I retired for consultation. After observing to him that I regarded his diagnosis as correct, I invited him to give me a history of the treatment to which he had submitted the patient, which he did, and finished his history with the declaration that there had not been the least improvement in her condition. Upon asking him if he proposed a change of treatment, he replied that he did, that he had read in one of the domestic medical journals an article taken from a foreign medical journal, which was very strong in its endorsement of citrate of caffeine as a highly valuable medicine in the treatment of acute rheumatism, given in doses of from 3 to 5 grains every two or three hours, and that he would like to submit the patient to its influence. I asked if he had ever used or personally knew of its being used with benefit in the treatment of inflammatory rheumatism, and received a negative reply. I then remarked that the case had reached too grave a condition to permit the use of other remedies than those which had a *well-established* reputation in the management of so formidable a disease. I suggested a course of treatment in which indeed there was nothing new, which was approved by the doctor. Being invited to continue in association with him, I did so, until the patient commenced to convalesce. Comments upon the proposed citrate of caffeine medication, if it may be so dignified, and what might have been its results, I leave to you to determine at your leisure. Yet I cannot withhold the remark that in the instance narrated I met with, as Dr. Holmes has it, "a practitioner who was as much under the influence of the last article in his favorite medical journal as the milliner under the sway of the last fashion plates." Do you know of any such doctors?

We are having developed in the profession therapeutists, who are known as physiological therapeutists, many of whom ignore the accumulated stores of positive knowledge, which have been garnered by close observation oft repeated, by almost numberless accurate observers and recorders of the effects of medicine at the bedside, and which for want of a better name has been qualified as "empirical

therapeutics." I am not here to denounce physiological therapeutics, but I am here to say, that, while I would accept the important *facts* which experimenters and observers in the department of physiological therapeutics have made, and invite them to continue their work, for the purpose of making whatever possible addition may be made to the list of the undoubted and entirely reliable remedies which illumine our therapeutics (developed, as I have remarked, by accurate observations at the bed-side), I would not ignore or reject facts, let them come from whatever source they may, but would gladly receive and adopt them.

It does not, however, follow that, because we may be willing to do this, we must reject and refuse to utilize facts, because they have not been developed in a certain way, or because they have been developed and made positive in another certain way. We should hold fast to those therapeutical facts which time and the almost boundless experience of the profession have pronounced good and sufficient, and upon which it has placed its unmistakable "fiat." I am tempted to quote from the address of Dr. Roberts Bartholow, Prof. of Materia Medica and General Therapeutics in the Jefferson Medical College. In the address alluded to, which was delivered to his class at the commencement of the session 1879-80, the Professor remarks:—

"Revolutions do not go backward, and they are apt to be radical in medicine. Furthermore, it is surprising to what extent fashion rules current medical opinion and modes of practice. Do the leaders in medical thought take a certain direction, their followers pursue pell-mell. This is observable now in the revolution which has taken place with respect to empiricism in therapeutics, and in certain quarters there exists a disposition to ignore all that has been accomplished by it, and to rely exclusively on the physiological method. This extreme tendency ought to be resisted in so far as there is danger of putting aside some of our most valuable acquisitions. It is far wiser to possess us of every aid which either method can offer—to accept the scientific facts which an exact physiological research can contribute, and to retain and extend that knowledge, the truth of which has been confirmed by the experience of generations of accurate observers. In fact, when we come to investigate the subject we find that the physiological method is not free from sources of fallacy, from contradictory observations, from conclusions that subsequent investigations show to be erroneous."

We cannot be too guarded in both the reception of the new developments of physiological therapeutics and in the "putting aside

some of our most valuable acquisitions," which have come to us through "empirical therapeutics."

There are in the profession those who boastingly call themselves heroic practitioners, whatever that may mean, and still another class who rejoice in being known as conservative practitioners. Among the latter are mainly found those who are to a very positive extent skeptics in the system of empirical medicine, that system of medicine which, it may be truly declared, has grown to its present attractive grandeur and usefulness by a proper use of the facts, therapeutic and all indeed, which make up the grand *tout ensemble* of medical knowledge, collected at the bedside of the sick, in private practice, and hospital service.

There is not any national school of medicine as much given over to medical conservatism or expectant medicine, and which relies as much upon the *vis medicatrix naturæ*, as the medical school of Germany. Having a fact or more bearing to a limited extent upon the results of the practice of conservative medicine in one of the important clinical schools of that country, I present them to you for your consideration. In the *New York Medical Journal* of December, 1879, page 665, you may read as follows: "The modern treatment, *i. e.*, the conservative expectant treatment of disease, in Germany is deteriorating, and statistics are given to establish the fact that at Prof. Bamberger's clinic, of 27 cases of pneumonia, 17 died, 24 per cent. of all cases of typhoid fever died, and facial erysipelas was frequently fatal." This is not a very encouraging report. In contrast with these results of conservative medicine, I lay before you statistics which I have collected from three annual reports of a hospital in Philadelphia, where the rule of practice is not of expectant conservative medicine, but medicine pure and positive. In 1875 there were treated in the hospital referred to, of pneumonia, 13 cases, of which 3 died; in 1876, 10 cases, of which one died; in 1879, 10 cases, of which 2 died.

While I am willing to accord to nature all her merits, while I would not rob her of any of her healing power, I have a full and abiding confidence in medicine; I recognize its power, and am not willing to give to it a subordinate place to nature in the cure of disease, but regard it as *the power* to be relied upon in the arrest and cure of maladies.

A physician not remote from us, more famous because of his brilliant literary abilities than for his practical medical qualifications, has said: "If all the medicines were cast into the sea, it would be all the better for man, and all the worse for the fishes." I fear from what you and I know, judging from their practice, there



are more Holmes than one. Some of our medical brethren delight much in the discussion of the *modus operandi* of medicine, the manner in which therapeutical agents influence the system, their vito-chemical action, etc. The discussion of the *manner* in which medicines produce their peculiar effects has always appeared to me to be a profitless discussion, as much so as the discussion of the causes operative in producing the dark spots on the sun. Why digitalis controls the heart's action, *how* it does it, how jalap acts as a cathartic, and calomel influences the hepatic secretion and modifies inflammatory action, I must say I am ignorant; yet, with all, I am acquainted with all the hypotheses, the assertions, for they amount to nothing more in regard to the manner in which medicines produce their peculiar effects upon the system. I am disposed to treat the matter of vital chemistry, as far as it has reference to the action of medicines in producing changes in the animal economy, as a somewhat entertaining scientific disquisition, as useless as entertaining. While, however, I have no confidence in this branch or domain of vital chemistry, and do not think it a matter of great importance, if of any importance at all, to know how chemically medicines produce their results in the system, yet it is necessary to know the ultimate fact that certain results may, and under general circumstances will, follow the use of medical agents, and when and how to administer them, that diseases may be controlled and the march of death retarded. I do *not* feel it important to my patients that I should know *how*, chemically, mercury controls inflammation; but it is important that I should know that it is an anti-inflammatory agent, and know when its use is indicated, and how to prescribe it. It is not essential to the well-doing of my patients that I should know by what peculiar vito-chemical action digitalis will diminish the activity of the heart's impulses and increase its power, nor why ipecacuanha will in certain doses act as an emetic, an expectorant, and diaphoretic. It is only necessary that I should know the ultimate fact that these effects can be produced by the medicines named, and that I should know how and when to administer them to produce their effects with benefit to my patients. Too much time, I fear, has been wasted, and still continues to be squandered, in searching for that which cannot be found, and which, if it could be, would not be worth the labor of the search.

I know there are skeptics in medicine, no few indeed, and regret that there are such, yet I think their doubts of the potency of medicines arise from the matter, the substance being overlooked by them in their hot chase after the shadow, also because in many instances their cherished hypotheses have been overturned by the stern reve-

lations of facts, and their false doctrines have been wiped out by demonstration. Unfortunately for the best interests of suffering humanity, too many of us have pinned our faith to those who have built up doctrines, not upon facts which they have gathered from observations and study of disease at the bedside, but upon the reports of those who, with a very insufficient knowledge of practical medicine, have constructed captivating hypotheses upon observations, few in number, loosely made, and insufficient in their extent. As hypotheses so developed have been by the stern revelation of facts overturned, their promulgators and believers, instead of turning aside from them and gladly receiving the new revelation, the proof of their fallacy, become doubtful of the truths of medicine, regard nature as the only efficient power in the cure of disease, and declare "it would be better for man and all the worse for the fishes, if all the medicine had been cast into the sea." In keeping with this branch of our subject, let us refer to a few cases such as have occurred time and time over again in every physician's practice, and see if the evidence which they present is or is not positive that medicine is potential. We have a case of typhoid fever; the diarrhoea is exhausting, the tympanitis is positive, the tongue dry, brown, fissured; we give at short intervals small doses of blue pill, oleum terebinthinæ, acetate of lead, and adjuvants. Under the action of these medicines the tongue grows moist and becomes coated, the diarrhoea diminishes, and the tympanitis subsides, and in almost every case where we have had recourse to these medicines, when the diseased phenomena named have existed, the same good results have been produced. Shall we call this mere coincidence, the administration of the medicines and the giving way of the unfavorable condition? Certainly not: they are causes and sequences. If such be true, is it wise, is it humane, to refuse to the patient the benefit of such medication, even if nature, after a long and very doubtful struggle, might have brought the sufferer safely through his perils? To deny the potency of medicines, under the circumstances referred to, is to deny and to disregard demonstration. A patient has cardiac disease of long standing, his limbs are swollen, his abdomen is enlarged with fluid, the sounds of the heart are masked, his breathing is difficult, he cannot maintain the recumbent position, he has a tormenting cough; the diagnosis is effusion in the pericardium, ascites, and anasarca. Will you hand him over to the tender mercies of nature, and refuse to him the benefit of art? If you do, it will not be long before nature in turn will hand him over to the undertaker. Will you fold your arms and do nothing, and hope that nature will do all; or will you, having full confidence

in medicine, summon to your aid, and to your patient's relief, hydragogue cathartics, diuretics, and digitalis, and by their action upon his bowels, kidneys, and heart, cause such free and copious pouring out of water, as in a few days to at least largely remove the effusion from the pericardium, the abdomen, and the connective tissue? As the fluid is evacuated, you day by day can measure the improvement, as expressed in the diminished cough, the unmasking of the valvular sounds of the heart, the diminished size of the abdomen, the reduced size of the limbs, and the patient's ability to take repose in the recumbent position. The effects, the positive, the demonstrative effects of medicine, are here so palpable that they cannot be doubted, much less be denied. The direct tendency of the effusions was to death. The positive effect of medicine was the arrest of this tendency, and to give to the patient an extension of life's furlough. For such, indeed, it would not have been better, "that all the medicine had been cast into the sea." Have you a lady patient suffering all the torments of debility, defective nerve force, impaired digestion, cephalalgia, disturbed uterine functions, and a host of other ills the offspring of anæmia? You may direct your patient to expose herself to the sunlight, to take passive exercise by short walks and carriage rides, to seek the sea-side and the mountain top, to use meats, drink milk, and eat all such food as her enfeebled digestive apparatus may not rebel against. In short, you may do all and everything else, than have your patients to use iron, and in the vast majority of your cases of anæmia, you will find that they will go from bad to worse. Nature unassisted in the majority of instances will not accomplish restoration. By a persevering use of iron and other indicated medical adjuvants, you have over and over again seen your anæmic patients steadily advance to health, which finds its delightful expression in the vigor and elasticity of step, the round full voice, increased powers of endurance, vigorous digestion, "rosy cheeks and coral lips," thus demonstrating at once the power and utility of medicine, and endorsing a practice sanctified by time and verified by the daily practice of those who, disregarding the vagaries attempted to be engrafted upon medicine, hold fast to that which is good and useful, rejecting that which has only novelty and mystery to endorse it. Have you not cured in twenty-four hours with sulphate of quinia an intermittent fever of many days' standing? Apropos to this, I will hurriedly relate to you some facts which came within my knowledge of a case of intermittent fever which was treated by one of nature's journey men, a homœopath, and under his treatment the patient barely escaped sinking into the grave, and would have done so if medi-



cine had not been invoked to the rescue. A neighbor of mine was attacked with intermittent fever of the tertian form, not by any means severe. He was able to attend to his business, that of a grocer, except during the paroxysm, which continued for only a few hours. He sought a homœopath. Under his treatment, or rather no treatment, he grew worse, the paroxysms became longer and more severe, and passed from a tertian to a quotidian, and ultimately to a double quotidian. The poor sick deluded man was reduced to the last extremity, and the prospect was, that, nature having failed to relieve him, death would shortly do the work. Satisfied that homœopathy had proved a failure, and that he was fast breaking up, he was influenced by a friend to abandon homœopathy and have recourse to medicine. His homœopathic attendant was a graduate of a regular college, and knew something of medicine. Being informed by his patient that he would not be treated longer by the "new-school system," and that he desired to be treated regularly, the homœopath determined to operate in a better field, and for the nonce to abandon sham and semblance of doing, and to indulge in reality and power. He prescribed 24 grains of sulphate of quinia, to be made into 12 pills, one pill to be taken every two hours. The 24 grains of sulphate of quinia killed as dead as Saul—not the patient, but his intermittent fever, and he lived long, to tell of the worse than inefficiency of nature, and her journeyman, to cure disease.

I have an abiding and unqualified confidence in medicine, and am more than gratified that by your kindness I have here and now the opportunity to declare that confidence. Educated in a medical school where medicine was taught with clearness, force, and elegance, and illustrated by long and diversified clinics, my practice has been a positive one, and its results have not dissatisfied me. From it, I have drawn facts, illustrations, corroboration, and arguments which establish in my mind, beyond the shadow of a doubt, the fact of the controlling and high curative powers of medicine. I prescribe, not infinitesimal doses, nor those which approximate to them, but decided positive doses, and am gratified that I have, if you choose, the courage to do so. Not being moved or influenced by the vagaries of the times, as they for a season attach themselves as morbid growths to our glorious time-honored system of medicine, I reject its poetry and hold fast to its prose. I am, in a word, as you have I doubt not already determined, a medicine man.







